

# Peritoneal Dialysis Peritonitis Clinical Pathway

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**Queensland Government**

**Peritoneal Dialysis Peritonitis Clinical Pathway**

Facility: \_\_\_\_\_

URN: \_\_\_\_\_ (Affix identification label here)

Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I

Clinical pathways never replace clinical judgement. Care outlined in this pathway must be varied if it is not clinically appropriate for the individual client.

**This form is to be used to assess patients on peritoneal dialysis who present with any of the following symptoms (tick as appropriate)**

Cloudy effluent  Abdominal pain  
 Febrile  Systemically unwell

Assessment	Completed	Initial	Time	Date	
<ul style="list-style-type: none"> <li>Clinically assess the patient</li> <li>Collect sterile sample of PD fluid of at least 50mL                             <ul style="list-style-type: none"> <li>Send to pathology:                                     <ul style="list-style-type: none"> <li>Gram stain <input type="checkbox"/></li> <li>WCC and differential (50mL in sterile [yellow top] container) <input type="checkbox"/></li> <li>Culture and sensitivity (in anaerobic [orange top] and aerobic [green top] culture bottles) <input type="checkbox"/></li> <li>Specimen should arrive within 6 hours to laboratory <input type="checkbox"/></li> <li>If unable to process within 6 hours, add 5mL to EDTA collection tube (purple top) <input type="checkbox"/></li> </ul> </li> </ul> </li> <li>Commence immediate Empiric Treatment using below table</li> <li>Inspect exit site                             <ul style="list-style-type: none"> <li>Swab site if signs of infection <input type="checkbox"/></li> </ul> </li> <li>If temperature above 38°C collect blood cultures <input type="checkbox"/></li> <li>Admit/transfer patient if any of the following (tick as appropriate below):                             <ul style="list-style-type: none"> <li>Fever or <input type="checkbox"/> Significant Pain or <input type="checkbox"/> Unable to perform own dialysis</li> </ul> </li> <li>Contact the Peritoneal Dialysis Unit covering the patient as soon as possible at the time of presentation or contact Nephrologist as soon as practicable <input type="checkbox"/></li> </ul>					
<b>Immediate Empiric Treatment</b>					
<ul style="list-style-type: none"> <li>Doses must be added to the patient's medication chart to be a valid order</li> <li>Dwell time for bags containing antibiotics must be at least 6 hours</li> </ul>					
	Drug	Dose	Route	Frequency	Comments
	Nystatin	500,000 international units	O	QID	Until last antibiotic dose (or 2 days after last aminoglycoside dose and 7 days after last Vancomycin dose).
<b>OPTIONAL</b>	Heparin	500 units/litre	IP	Each exchange	To bags containing fibrin or clots. If drained bags contain fibrin or clots, instil Heparin into new dialysis bag.
<b>KNOWN MRSA</b>	Vancomycin <sup>1</sup>	30mg/kg up to 2 grams	IP	In one bag stat <sup>2</sup>	Check serum trough levels on day 3 and thereafter every 3-5 days; re-dose vancomycin when level below 15mg/L.
	Gentamicin <sup>1</sup>	0.6mg/kg up to 50mg	IP	In one bag each 24 hours <sup>2</sup>	Check serum trough levels on day 3 and daily thereafter; the precise levels to re-dose are unknown although it is recommended to avoid trough levels > 2mg/L. In rare situations where measuring levels is not possible (e.g. remote location), administer 2 consecutive daily IP doses of gentamicin then wait for culture guidance on day 3-4 to decide subsequent antibiotic dosing. Consult with Nephrology or ID if treatment with gentamicin for more than 7 days.
<b>NO MRSA</b>	Cefazolin	15mg/kg	IP	In one bag each 24 hours <sup>2</sup>	
	Gentamicin	0.6mg/kg* up to 50mg	IP	In one bag each 24 hours <sup>2</sup>	As per Gentamicin comments above
<small><sup>1</sup>Vancomycin and Gentamicin may be administered in the same bag <sup>2</sup>Adjust dose to reflect fill volume in last bag</small>					
<b>Signature Log</b> To be completed by all staff who initial this pathway					
Name (print)	Designation	Signature	Date		

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The Patient Safety and Quality Improvement Service in collaboration with the Statewide Renal Network developed the Peritonitis Clinical Pathway to assess peritoneal dialysis patients who present with the following symptoms: cloudy effluent, abdominal pain, febrile, systemically unwell.

The aim of the Peritonitis Clinical Pathway is to provide rapid resolution of inflammation and preservation of the peritoneal membrane function.

The pathway guides clinicians through assessment, empiric treatment and selection of a plan of care.

- Reduces variation in care
- Identifies appropriate clinical interventions based on the International Society for Peritoneal Dialysis. Dialysis-Related Infections Recommendations: 2010 Update and Guidelines 2005

## To download and print the Peritonitis Pathway

visit <http://www.health.qld.gov.au/psq/pathways/> for more information [PSQ@health.qld.gov.au](mailto:PSQ@health.qld.gov.au)